Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000001830 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERV

Account Number : 120000000019

Phone

: (305) 552-5973

Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for duture annual report mailings. Enter only one email address please. **

Email	Address	:

FLORIDA PROFIT/NON PROFIT CORPORATION MACHIN GROUP CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

11/15/2031 03:23 From +1.305.572.7043

Fri 03 Jan 2014 11:42:53 AM EST

JULES FARY OF STATE OR CORPORATION:

2014 JAN - 3 PM 12: 55

H14000001830

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

he name of the corporation shall be:

MACHIN GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal Street Address:

4874 NW 192ND ST

MIAMI GARDENS, FL. 33055

Mailing Address if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE V

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

HUMBERTO MACHIN-PRESIDENT

Address:

4874 NW 192ND ST

MIAMI GARDENS, FL. 330\$5

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable of the registered agent is:

Name:

HUMBERTO MACHIN

Address:

4874 NW 192ND ST

MIAMI GARDENS, FL 33055

H1400 D00 1830

11/15/2031 03:23

From +1.305,572,7043

Fri 03 Jan 2014 11:42:53 AM EST | TILLED #5626956 Page 3 of 4 | DIVISION OF CORPORATION 2014 JAN - 3 PM 12: 55

H1400d001830

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

HUMBERTO MACHIN

Address:

4874 NW 192ND ST

MIAMI GARDENS, FL. 33055

laving been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

kequired Signature/Registered Agent

submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony s provided for in s.817.155, F.S.

Required Signature/Incorporator